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A Case Study of the Identity Development of an Adolescent Male with Emotional Disturbance and 48, XYYY Karyotype in an Institutional Setting

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The goal of this study was to utilize a phenomenological case study design to investigate the individual and social identity development of an adolescent male who had been placed in a high-security group home setting. The participant had been identified with emotional disturbance (ED), and 48, XYYY karyotype. The participant described his social and emotional development as being impacted by his environment, his level of personal control, and his view of the future. Key Words: Identity Development, Social and Emotional Development, 48, XYYY Karyotype, Phenomenology, Institutionalization.

The goal of this study was to utilize a single case study design to investigate the identity development of an adolescent male, Kevin (pseudonym), who had been placed in a high-security group home setting. Kevin had been identified with the special education classification of emotional disturbance (ED). He also had an extremely rare genetic code: 48, XYYY karyotype, or triple male chromosomes. This study was designed to investigate the participant's perspective of the social and emotional impacts on his identity development.

48, XYYY Karyotype

The participant in this study was diagnosed with the classifications of Conduct Disorder and Anxiety Disorder, and he was receiving special education services under the ED category. Kevin resided in a high security group home, and he was being served by state social services. A single case study was chosen to investigate the social and emotional identity development of the participant as he possessed a rare genotype, 48, XYYY karyotype. This karyotype does not represent a specific special education classification or mental health diagnosis. However, to date, there have only been 12 recorded cases of males with 48, XYYY karyotype, and what effect this has on an individual is not entirely known (Cox & Berry, 1967; Gigliani, Gabellini, Marucci, Petrinelli, & Antonelli, 1980; Hori et al., 1988; Hunter & Quaife, 1973; Mazauric-Stüker, Kordt, & Brodersen, 1992; Schoepflin & Centerwall, 1972; Teyssier & Pousset, 1994; Townes, Ziegler, & Lenhard, 1965).

This karyotype may occur due to a "non-disjunction in spermatogonial mitosis followed by a 2nd non-disjunction of one of the Y chromosomes in meiosis resulting in the formation of a sperm bearing 3 Y chromosomes" (Schoepflin & Centerwall, 1972, p. 360). Characteristics of the recorded cases include: mild mental retardation, behavioral disturbances, institutionalization, tall stature, upper respiratory infections, sterility, sexual orientation confusion, and a lack of sexual drive in adulthood (Hori et al., 1988; Teyssier

& Pousset, 1994).

The first recorded case was a five year old boy reported by Townes et al. (1965).The boys' psychomotor and language development were delayed. He first walked at 21 months, he spoke his first words at age two, and he used simple sentences at age three. His overall I.Q. was 80.

Schoepflin and Centerwall (1972) presented a case of a nine year old boy whose developmental milestones were also delayed. In the first grade, his IQ was 70, and the school psychologist reported that he had strong tendencies for impulsiveness and aggression. When assessed at age nine, the boy had an overall WISC IQ of 79, verbal IQ of 70, and performance IQ of 93. He was doing well in special education classes, and he was not a behavior problem. He was seen as a loner who avoided fighting, but he would have outbursts when under extended stress.

Hunter and Quaife (1973) presented a single case study that described an adult male with XYYY who resided in institutions from the age of 10. The participant in the Hunter and Quaife study performed poorly in school, had few friends, was verbally aggressive and boastful, but he conformed when disciplined. His IQ on the WAIS was 65 full scale, 63 verbal, and 72 performance.

Ridler, Lax, Mitchell, Shapiro, and Saldaña-Garcia (1973) also reported a case of a different adult male. By the age of 10, he had to be removed from regular school. He had little tolerance for frustration, and would become aggressive and uncontrollable when he was upset. He was placed into several schools for children with ED, and was still uncontrollable. He was then placed into a psychiatric hospital at age 14. His IQ on the WAIS was 81 full scale, 89 verbal, and 77 performance.

Caution should be taken in interpreting what may or may not characterize individuals with 48, XYYY karyotype as so few cases have been reported. The cases that have been reported have focused mainly on the genetic characteristics of the participants rather than their social and emotional development. More research has been conducted with males with XYY karyotype, which occurs in about one in one thousand births (Geerts, Steyaert, & Fryns, 2003; Gotz, Johnstone, & Ratcliffe, 1999; Ike, 2000; Schiavi, Theilgaard, Owen, & White, 1988). Many early studies with XYY males in the 1960's and 1970's took place in psychiatric institutions and prisons, and it was initially believed that these individuals would display hypermasculinity (Geerts et al., 2003; Gotz et al., 1999; Ike, 2000; Schiavi et al., 1988).

However, subsequent research found that there were not higher percentages of males with XYY in institutions than in the general public (Geerts et al., 2003). Research has shown that noninstitutionalized males with XYY may be insecure in their masculine role, lack sexual confidence, and have difficulty developing stable and satisfying relationships with women. Males with XYY may show more aggression toward female partners, but may not differ from control groups in assessment of dominance-submission, impulsivity, or affective control (Schiavi et al., 1988).

Adolescents At-risk

Identity development during adolescence may be impacted by cognitive, social, and emotional development, physical changes, peers, family, adults, culture, media, and many other factors. Within the United States, identity development remains a challenge

as a large number of adolescents have been identified as being at-risk for academic difficulties, maltreatment, family instability, behavioral problems, exposure to drug and alcohol abuse, and low socioeconomic status (Johnson, 1994; Masi & Cooper, 2006). Adolescents are particularly exposed to risk factors within the United States since it has some of the highest rates of divorce (National Center for Educational Statistics, 1996), teenage pregnancy (National Center for Health Statistics, 2001), infants and preschool children living below the poverty line (National Center for Children and Poverty, 2001), and drug and alcohol abuse among adolescents among industrialized nations (Harrier, Lambert, & Ramos, 2001).

Adolescents with emotional disturbance (ED) may face additional risk factors. The number of youth identified with ED has risen 18.4% since 1992 (U.S. Department of Education, 2002). One in five children in the U.S.A. has a diagnosable mental disorder, and one in ten are serious enough to impair how they function at home, school, or in the community (New Freedom Commission on Mental Health, 2003). The onset of mental illness may occur as early as seven to 11 years old (Kessler, Beglund, Demler, Jin, & Walters, 2005). Place, Wilson, Martin, and Hulsmeier (2000) found that among a sample of youth with emotional disturbance ages six to 13, 24% were diagnosed with depression, 11% were diagnosed with anxiety disorders, and 70% were diagnosed with ADHD. Youth with ED also have a high risk of developing mental health disorders in adult life (Carran, Kerins, & Murray, 2005; Kovacs, 1997; Newman et al., 1996; Place, et al., 2000; Rutter, 1985).

In the child welfare system, 50% of children and youth have mental health concerns (Burns et al., 2004). In the juvenile justice system, 67% to 70% of youth have a diagnosable mental health disorder (Skowyra & Cocozza, 2006). An estimated 75% to 80% of children and youth in need of mental health services do not receive them (Kataoka, Zhang, & Wells, 2002). Youth with mental health problems have lower educational achievement, greater involvement with the criminal justice system, and fewer stable and long-term placements in the child welfare system than children with other disabilities. Academically, youth with ED average 2.2 grades below their age level in reading, and 2.9 grades below in math (Blackorby, Cohorst, Garza, & Guzman, 2003). When they receive appropriate treatment, youth with mental health concerns fare better at home, school, and in their communities (Masi & Cooper, 2006).

Youth in the child welfare and juvenile justice systems with mental health issues tend to fare less well than their peers. Those in the child welfare system are less likely to be placed in permanent homes (Smithgall, Gladden, Yang, & George, 2005). They are more likely to haveto access services outside of the home (Hurlburt et al.,2004). They are also more likely to rely more on restrictive and costly services such as juvenile detention, residential treatment, and emergency rooms (U.S. House of Representatives, 2004). Young adults leaving the child welfare system experience significantly higher rates of serious mental health problems and drug and alcohol dependence than the general adult population (Pecora et al., 2003).

Identity Development

It is crucial to gain adolescents' perspectives to understand how their identities are constructed from both a personal and a social basis. Adolescents engage in decision-

making and behavior based on their own perspectives. As active human beings, they constantly construct meaning and structure their reality (McAdams, 2001). Adolescents' identities are affected by previous experiences, current ecological influences (Bronfenbrenner, 1989), as well as their future orientation (Nurmi, 1991).

Erikson's Psychosocial Theory of Identity Development

In this study, identity development was defined as a dialectical process between personal psychological and emotional development, and the social influence of others and one's environment. Erik Erikson (1950, 1968, 1982) proposed that identity develops through the interplay of individual and social development across the lifespan. Erikson examined the intrapsychic focus of psychology and the environmental focus of sociology (Schwartz, 2001; Côté, 1997). Erikson's (1968) definition of identity included internal and external dimensions: "ego identity…is the awareness of … self-sameness and continuity… [and] the style of one's individuality [which] coincides with the sameness and continuity of one's meaning for others in the immediate community" (p. 50). "Erikson's definition was multidimensional, broad, and inclusive" (Schwartz, 2001, p. 8).

Erikson's theory was comprised of eight psychosocial crises that humans would encounter through the course of a lifetime, and identity versus role confusion was identified as the critical crisis during adolescence. The healthy resolution of this crisis would occur when an adolescent developed a more synthesized identity and a capacity for self-reflection. A more negative resolution may result in identity confusion, which may occur if the adolescent failed to develop a stable sense of self on which to base their later adult development (Erikson, 1968). Erikson proposed that if an adolescent is having difficulty establishing a firm identity, it may be due to the impact of the negative resolution of previous stages, like experiencing early mistrust, shame and doubt, guilt, and inferiority (Erikson, 1950).

Identity synthesis or achievement represents an integration of childhood and adolescent development into a larger set of ideals comprising a more holistic identity (Schwartz, 2001). Identity synthesis represents a coherent picture that one shows to both oneself and to the outside world. Identity synthesis includes concepts of career, romantic, religious, political, and other preferences that come together to create a whole for a person who achieves identity synthesis. If those aspects do not match each other, and there is a lack of integration of different identity components, the person would be more likely to develop identity confusion (Schwartz, 2001). Identity synthesis represents a sense of a "present with an anticipated future" (Erikson, 1968, p. 30). The individual is striving forward with a sense of purpose. A sense of continuity of character holds the synthesized person together (Erikson, 1950, 1982). A synthesized person makes choices and acts in a consistent manner.

Erikson explored three aspects related to one's embeddedness in one's self and one's environment (Schwartz, 2001). The first of these three aspects was ego identity, which consisted of the person's internal ego synthesis. The second was the personal identity that one showed the world. For example, how one dresses, one's behavior, or the occupation one pursues. The third aspect comprised one's social identity that represented one's solidarity with a group's ideals. Other researchers have also proposed dialectical theories representing a synthesis between individual and social identity development that

support Erikson's theory (Bandura, 1977, 1986, 1997; Blumer, 1969; Côté, 1997; Kegan, 1982; Kurtines & Silverman, 1999).

Position of the Researcher

I (the author) specialize in educational psychology, counseling, and qualitative research methods. I have investigated topics dealing with the social and emotional development of children, adolescents, and young adults for 18 years. Identity development has been a particular interest, especially with youth who are at-risk for social, emotional, and educational challenges.

My research perspective tends to align most closely with the phenomenological and grounded theory perspectives, and my original training also emphasized ethnography and case study. Through using the phenomenological approach in this study, I am attempting to try to relate as much as possible how the participant perceived his world. I have tried to report his thoughts, perspectives, feelings, and beliefs. However, I completely acknowledge that I am seeing all of that through my own experiences and perspectives.

I am influenced by Blumer's (1969) theory of symbolic interactionism that combined the importance of the individual with the environment in the meaning-making process of human beings. Blumer related that individuals interact with others and their environment according to the meaning those things have for the individual. According to symbolic interactionism, meaning originates from social interaction with other individuals. The individual then processes and modifies meanings through an interpretive process (Blumer, 1969).

Meanings that individuals construct concerning other individuals, objects, events, or ideals are imperative in their own right (Blumer, 1969). Educators and psychologists have focused for too long on behavior of youth with ED without looking into the meaning the behavior has for the individual child/adolescent. In this case study, I wanted to find out from the participant how he saw and experienced his world, and what explanations he would provide concerning the social, emotional, and behavioral influences on his identity.

Research Problem and Questions

An emphasis on risk factors is reflected in much of the previous research that focused on populations exhibiting emotional and behavioral concerns. The sources and methods used for obtaining data in past research typically have employed teacher or parent responses to surveys, or checklists developed from adult instruments (Werner & Smith, 1992). Such secondary sources have been useful for identifying risk factors. However, the complexity of identity development requires a more holistic approach (Rausch, Lovett, & Walker, 2003; Rausch & VanMeter, 1999). Utilizing qualitative methods allows researchers to gather adolescents' own perspectives concerning the individual and contextual influences on their identity development.

The goal of this study was to utilize a phenomenological case study design, gathering both qualitative and quantitative data, to investigate the identity development of an adolescent male, Kevin, who had been placed in a high-security group home setting.

Kevin had been identified with the special education classification of ED. He also possessed the rare 48, XYYY karyotype. This study was designed to obtain the participant's perspectives on his identity development. This study addressed how the participant perceived his developing identity in terms of his level of personal development, the impact of his environment, and his view of the future. The research questions for this study were:

1. What individual aspects did the participant utilize to relate or understand his identity development?
2. What perceptions did the participant relate regarding the effects of others, and his environment, on his identity development?
3. What explanations did the participant provide concerning his behavior and emotions?
4. What future orientation did the participant construct regarding becoming an adult, and surviving in society?

Methodology

Participant Selection

Kevin participated in a larger study of adolescents with ED who were being served by a state social service agency in a Southeastern state (Rausch, 1996; Rausch & Van Meter, 1999). Kevin was initially chosen in a random sample of the state agency's clients for the larger study based on his identification number. Institutional review board approval was granted by the researcher's university, and the participating state social service agency also granted permission to conduct this study. The participant, and his guardian (the state social service agency), provided informed consent prior to beginning the study. At the beginning of the study, Kevin was a 15 year old Caucasian male, who stood slightly over six feet tall, and weighed about 150 pounds. Kevin was close to age 18 by the end of this study.

Kevin was chosen from the larger study for this specific case study based on his unique genetic profile, and other unique aspects of his identity development. Since there have been so few reported cases of 48, XYYY males, an individual case study was chosen to help provide further social and emotional information to the literature concerning individuals with this rare genetic makeup. All procedures were followed from the university's Institutional Review Board and the state's social service agency's research application guidelines to protect the participant from all foreseeable risks, and to maintain his confidentiality. Some descriptive information about Kevin has been changed to try to protect his confidentiality.

Kevin was diagnosed with the ED classifications of Conduct Disorder and Anxiety Disorder, and he was receiving special education services. Kevin resided in a high security group home, and he was being served by state social services, which included social and emotional counseling. During this study, the Child Behavior Checklist, (CBCL; Achenbach, 1991a), the Youth Self Report (YSR; Achenbach, 1991b), and Matson's Evaluation of Social Skills with Youngsters (MESSY; Matson, 1989) were utilized to assess the participants' emotional and behavioral ratings. Kevin's scores on

standardized instruments were in the borderline or clinical ranges for most of the subscales of the instruments, which helped confirm his identification with the ED classification (See Table 1).

Procedures

Interviews. This study was conducted over a 15 month time period. Background information was collected from the participant's case reports. The participant was initially observed and interviewed over a three month period. Three one-hour audio-taped interviews were completed with the participant during those three months, spaced approximately one month apart. The participant was also observed at different times in a variety of settings such as in the classroom, in recreational activities with peers and care-providers, and in work situations like doing homework or chores. The participant's primary care-provider was also interviewed to gather his perceptions of the participant's emotional and social development. More data collection was not completed as I was gathering the same data from 25 participants across an entire state during this same 15 month period.

The audio-taped interviews during this study were conducted with semi-structured interview guides. The interview questions were developed from the literature review, and with input from researchers and direct care-providers. The questions were tested for developmental appropriateness and confirmation of constructs in a pilot project with a sample of 10 male adolescent participants from two residential treatment facilities prior to this study.

Standardized instruments. Standardized instruments were also administered, including (a) the Child Behavior Checklist, (CBCL; Achenbach, 1991a) completed by the participant's primary care-provider; (b) the Youth Self Report (YSR; Achenbach, 1991b), and (c) Matson's Evaluation of Social Skills with Youngsters (MESSY; Matson, 1989), both completed by the participant. Test-retest reliability for the CBCL was reported by the authors of the instrument to be .89, the YSR was .91, and the MESSY was .60, with a split-half reliability of .80.

One year follow-up. One year after the initial data collection, two follow-up interviews, further observations, and the same standardized instruments were collected over a two-week period to gather updated information on the participant's perspectives of his social and emotional identity development.

Data Analysis

The phenomenological method was utilized to analyze the interview and observation data (Colaizzi, 1978; Moustakas, 1994). The interviews and field notes were transcribed verbatim. The interview transcripts and field notes were read, and significant statements were selected directly from the interviews or field notes that related to the research questions. Each selected piece of data was then examined to interpret the participant's meaning by evaluating the statement as it related to the remainder of the interview and observation data. The significant statements were then examined to form themes that comprised similar types of statements and meanings. The themes were

examined across the participant's interviews and observations to examine both common and unique experiences.

During the final phase of analysis, an exhaustive description was written to relate the results of the study. The data from the interviews, observations, and standardized instruments were examined as a means of triangulating data types to help relate the participant's perspective on his identity development. Triangulation of data sources was also utilized by gathering data from the participant, his primary care-provider, and his state case-manager.

Interrater Reliability

Two university faculty members with qualitative research experience, who were not involved in the study, served to establish a measure of interrater reliability of the participants' nine major interview themes. The external raters were given operational definitions, and one example interview excerpt, for each category. Then, they rated 18 unmarked interview excerpts into the nine major themes. The interview excerpts were placed on note cards that the raters placed into the categories in which they thought the excerpts belonged. Significant interrater reliability was observed using Cohen's (1960) kappa coefficient (Kappa = .88, significant at .001). Cohen's kappa has been documented as one means of establishing interrater reliability in qualitative research (Cohen, 1960; Conger, 1980). Cohen's kappa computes an interrater reliability coefficient, and it also factors out chance agreement, which is not addressed in pure percentage of agreement.

Standardized Instruments

The standardized instruments were scored and interpreted using the procedures developed by the authors of the instruments. These instruments were utilized as a means of triangulation to complement the findings from the interview analysis. The instruments selected provided information from the participant's self reports of his own behavior and level of functioning, as well as his care-providers' assessment of these factors. Interviews with care-providers, field notes, and demographic and background information were also utilized as triangulating data sources.

Results

Setting: High Security Group Home

Kevin had been placed in a high-security group home for boys, and he had lived there for two years prior to the start of the study. The group home was surrounded by a twenty-foot high barbed wire fence, and the windows and doors were set with alarms. Security cameras monitored all of the areas of the home for security purposes. The director of the group home instructed visitors to secure any pens, paper clips, or other articles that may be used as a weapon. The director also cautioned visitors to protect themselves from any physical harm because a male staff member had recently been attacked by one of the boys in an escape attempt.

The group home had two treatment programs. The director reported that when the

boys first came into the home, they were placed in a very restrictive treatment program. Progression in the group home was based on a behavioral modification point-and-level system. The boys had weekly contracts they needed to follow, and if they received all the points for a specific contract, they would progress to the next level. At each level, the boys would be given more privileges and more freedom. When they met all of the contracts in the first program, they were moved into the second treatment program, which allowed the boys to have more privileges and freedom.

Participant Description

The director discussed Kevin's background prior to the first interview. Although not proven in court, Kevin had reported being abused by his father at a young age. Kevin was removed from his home at age seven after a social service investigation. Kevin was first placed into a foster home, and then he was placed into a psychiatric hospital. He had also been placed into different group home facilities before being relocated to the group home in which he resided during this study. According to his case-report, Kevin had resided in institutions for eight years at the beginning of this study.

The director related that Kevin had a rare genetic anomaly in his sex chromosomes, 48, XYYY karyotype. This condition was found when an agency had Kevin tested for potential genetic anomalies due to his low educational level. As stated previously, there are very few noted cases of males with 48, XYYY karyotype (Hori et al., 1973). What potential effect this karyotype may have had on Kevin was not clear. However, Kevin did possess some qualities of the recorded cases as he was taller than his peers, he was placed into an institution for adolescents with emotional disturbance, he struggled academically, he had few friends, he was verbally aggressive, but the director of the group home reported that Kevin did conform when disciplined. Kevin's IQ information was not made available during this study.

The interviews took place in the classroom at the group home. Kevin always displayed politeness and respect throughout the study. During the interviews, Kevin typically maintained eye contact when answering questions. He nodded and smiled when it seemed he understood the questions. He gave lengthy answers concerning particular questions. During the interviews and observations, Kevin did not demonstrate any behaviors that might be described as atypical.

Kevin's Interview Themes Concerning Identity Development

Maltreatment. During the interviews, Kevin briefly discussed being abused as a boy. When Kevin's father came to visit before the one-year follow-up interviews, he told Kevin that the abuse had never happened. Kevin was at the point of reinterpreting his past experiences of abuse during this study:

> Question: What kinds of things do you remember from when you were a little kid?
> Kevin: My dad taking a picture of me when I did something bad, and a spanking.
> Question: Do you know why you were taken away?

> Kevin: ‘Cause I said my dad abused me, when he probably really didn’t. ‘Cause when he whipped me and stuff, it hurt, and left bruises. And I always knew if someone left bruises on you as a child, it was abuse and stuff. I always believed it, and I kept on saying it. So, they finally ended up getting me out of there, and my dad had to go to court and stuff like that. I made him go through some big, difficult stuff. But at the time, I was only a kid, and I didn’t really understand that. I was just scared. That’s when I started moving from a shelter to a foster home, from a foster home to a hospital ‘cause I think I probably hurt myself or, all this crazy stuff.

Kevin’s experience of abuse appeared to impact both his psychological and social identity development. At the time of the abuse, Kevin was afraid of his father. But before the follow-up interviews, Kevin’s father was trying to convince him that the abuse had not happened. Kevin stated that he was beginning to believe his father, and he reported feeling guilty for making his father go through an investigation and trial. The director related that despite his very difficult history, Kevin still fantasized about reuniting with his family. Kevin talked about seeing his father before the one year follow-up, but that visit had not worked out well. As Kevin reported, his father left him once again, and Kevin felt betrayed and quite angry:

> Question: How are things going with your family? Do you have any contact with your dad?
> Kevin: I did. He came back in the picture last Christmas time, and then he left. Then he had some visits here, and then after that I had one visit at his house that wasn’t good. He went behind my back, and now me and him have no relationship.

Pain perception. During the interviews, Kevin related having a lack of pain perception, which seemed to become a part of the identity he portrayed to others. While visiting his mother for Christmas, Kevin ran across an interstate, and he was hit by two fast-moving vehicles. Kevin reported that he felt no pain during this ordeal:

> Question: You told me before that it was not really painful. Is that right?
> Kevin: No, it wasn’t. When I got ran over that night, I tried to get up and couldn’t really feel anything because my leg was bloody and all that. This leg was sprained from the knee down, this bone was pushed over. This bone got fractured all the way through, but I can still use it.

This report was confirmed by the director, who also discussed other acts that Kevin had engaged in, such as eating broken glass, in which he reported feeling little or no pain. Kevin stated that he had eaten the broken glass as part of an escape attempt. He thought that an ambulance would come to get him, and he would then escape from the ambulance when they left the group home. However, he did not escape as his injuries were too severe. Whether Kevin’s lack of pain was tied to his XYYY condition, or to emotional stress, was unclear. However, Kevin reported that he did feel pain in the past during his

reported abuse.

Trust and relationships. Kevin's issues with trust seemed to reflect both psychological and environmental impacts on his identity development. When asked how he knew if he could trust someone, Kevin replied, "I don't know. There are some of your questions I can answer, and some of them I can't." Kevin seemed reluctant to describe instances when he had felt mistrust for significant others during his life.

According to the director, and Kevin's case-report, Kevin had little contact with his family since he had lived at the group home. Kevin stated that his father lived fairly close to the group home, but Kevin had not seen his father for several years prior to this study. Kevin's mother lived only three hours away, but she only visited every few years according to the director, and Kevin himself:

> That Christmas I was with my mom was the last time I saw her. But I told my mom that would never happen again [getting in an accident]. Because she is supposed to come back this Christmas, and probably do the same thing that we did, but not get in an accident. That way we can go shopping or out to eat. Then she will leave.

During the one year follow-up, Kevin stated that his mother and grandmother had visited recently. According to the director, this had been the first time Kevin's mother had visited him in almost two years. The director stated that Kevin's mother could not care for him due to her own poor health, and Kevin's need for emotional and behavioral assistance. Despite the family difficulties, Kevin stated that he enjoyed his visit with his mother and grandmother, "We went up to town, and up to her place at the hotel. And we went out to eat and shopping and stuff. That's where I got the new clothes. We had a good time with each other."

Kevin, and his care-providers, reported that he was having a difficult time making friends who were at his age level, which reflected difficulties with Kevin's social identity development. Adolescents who live with peers with ED often have poor relationships with others in their age group (Carran et al., 2005; Place et al., 2000; Brownfield & Thompson, 1991). Kevin stated that he tended to hang around the staff members, and he considered many of them to be his friends. According to the director, Kevin's behavior alienated him from the other boys living at the group home. His peers often made fun of him, and they often took advantage of his need for attention:

> I have got a few friends. Some staff members here are my friends. I got a bunch of three friends that are my case-workers. The other ones like my mom, she's more like a friend to me. Mostly friends in my neighborhoods I used to have.

The director confirmed Kevin's attempts to hang around staff members rather than his peers. Kevin also stated that his mother was a friend, yet she had only visited him once in the past two years. Kevin described friends existing in his former neighborhoods, although he had not lived in a neighborhood for over eight years. These altered perceptions seemed to keep Kevin from establishing healthy and appropriate social identity development through relationships with his peers, care-providers, and authority figures:

> Question: What kinds of things are difficult for you to do?
> Kevin: Mixing with the peers. Socializing. I have some problems doing that. The only reason I have trouble doing that is because sometimes they will pick on you or make fun of you. I guess I have been around staff so much, socializing with the staff. They have said, don't hang around with me, hang around with your peers, try to mix in with them.

Kevin related that he sought attention from his peers by using his possessions. Material possessions were important to Kevin, and to the other boys. From the observations, and care-provider reports, possessions seemed to be a sign of personal power for the residents, as well as an indication of care from others, and a reflection of one's identity. This is consistent with Côté's (1997) identity capital theory, which proposes that those with tangible resources have a greater chance of obtaining social resources. The director, and Kevin himself, reported that other boys in the group home would manipulate Kevin to get his possessions. However, Kevin would continue to give things to his peers in an attempt to gain friendships:

> Question: What do you think your friends like about you?
> Kevin: Well some of my friends, I think the only reason they like me is because sometimes I will get candy and stuff. They're like, 'Can I have some candy?' I'm always generous to give them some of my candy. Like if I have a new shirt, I give away my new shirt. Or if someone says, 'You have a nice watch', I'll give that away too.

Safety. When asked if he felt safe at the group home, Kevin answered, "Yeah, there is barbed wire, and that hurts sometimes. Downstairs you got the big doors locked." Kevin felt safe from society being locked within the group home. This seemed to reflect some difficulty with the impact of the environment on Kevin's identity development. When asked what it meant for him to feel safe, Kevin responded:

> Well, we don't keep weapons here, but if I could, I'd have a gun or a knife to keep myself safe. I'd probably have one of those new things they show on TV for women, one of those shocker things where a guy breaks into the house, a burglar or rapist. Crime in America. I would get one of those to be safe.

Through his responses, Kevin's perceptions of threat were so severe that he felt he needed weapons to help keep himself safe. The director reported that one of the boys' daily assignments was to pick a topic from the news to discuss in a group setting. Kevin may have been repeating news stories about violence he saw on television regarding "Crime in America", and what weapons were being sold for protection. However, Kevin would not, or could not, describe what aspects outside or inside of his immediate surroundings made him feel such a need for safety.

Control. Kevin reported that he felt little personal control over his life, which

according to Erikson (1968), would impede healthy identity development. The group home followed a regimented daily schedule. The staff told the residents when to get up, when to eat, when education or counseling sessions would be, when recreation was allowed, and when to go to bed. Kevin perceived that there was a great deal of external control in the institutions in which he had been placed, especially concerning disciplinary issues:

> They'll put you in your room for like 30 days, take away points, or put you on the [time out] bench. If you get really out of control or attempt an elopement over the fence, they will put you in a straightjacket or the bed net, and put you downstairs in contract one all over again for 12 weeks. But you have to do the work before you do anything else.

Kevin related that he was conflicted between feeling over-controlled by the institution, and feeling protected by the institutional safeguards. At times, Kevin had difficulty following the institutional rules, and he had also not developed his own direction through self-control. The director stated that Kevin had been briefly placed into a straightjacket for his own protection on one of his first days in this group home. However, Kevin did not seem to comprehend his lack of self-control. He repeated the staff's words that "you have to do the work before you do anything else," but Kevin was not yet always controlling his own behavior, or making consistent progress toward developing a more healthy identity:

> Question: You said that sometimes you get angry and talk back, why do you think you do that?
> Kevin: That's one of the choices I make. Sometimes I don't choose to do it, I just do. That's what I do. When I choose that, that's when I get in a lot of trouble.

Acting out and anger. The director reported that Kevin acted out mainly when he was provoked by his peers. During the interviews, Kevin related incidents of acting out, and such behaviors were also reflected in the scores on his standardized instruments. Kevin related having difficulty with anger, and it appeared that he had not learned healthy strategies to deal with his anger:

> Question: How would you describe yourself?
> Kevin: When you say something to me, and I don't know that you are just playing around, I would start talking trash, and I'll probably try to hit you. I'll start cussing and getting mad. That's what you really have to know about me.
> Question: What are some things that make you angry?
> Kevin: Not getting my way, like usual. It gets me upset because I knew I was supposed to go somewhere, but I ruined it because I didn't care. And it makes me think, now give me another chance, and I'll be all-right.
> Question: When we met last time, you talked about some of the drawings you did.

> Kevin: That's one way I handled my anger is by drawing mean little monsters or skeletons. Something mean looking. Then I'll throw it away because it's pretty scary.

When Kevin talked about feeling angry, his voice would rise, and he would speak faster. He also used many hand and arm gestures while describing events that seemed to make him angry. The director reported that Kevin had not learned healthy ways to express his anger, which may have impacted his personal identity development. Kevin's lack of self-control seemed to increase his anger, especially when he would upset his chances for obtaining a goal like being able to go on a field trip.

School. Kevin reported that he remained enrolled in public school for the entire last year of the study. Kevin was taught in a self-contained classroom with other students with ED. Kevin had engaged in a few negative behaviors during the year, but he had succeeded in completing the school year, which was a major accomplishment. During the previous year, Kevin was only enrolled for two weeks in public school because of his behavior. Kevin was attending summer school at the time of the follow-up interviews, and he stated, "I like it. It gets me outta here [group home] most of the day". During the last interview, Kevin was anxious to leave the group home, and he was hoping to be placed into an independent living program.

Future orientation. Kevin's ideas concerning his future changed over the course of the interviews. During the first interviews, Kevin's hope for a career was working in a strip club:

> Question: If there were no boundaries, what would you want to do?
> Kevin: Just to keep me safe, I would get me a knife or a gun. I would work at one of those strip bars with women. 'Cause you know me and my ladies work there and stuff. I would have a wife. Well, maybe not. Maybe a girlfriend. When she breaks up, get another one. I'd probably have a motorcycle, a nice house, and if I had enough money after that, I would travel across the whole world and try to visit people.

In his description of his ideal life, Kevin included the need for physical safety with guns and knives. He desired to work in strip clubs, and he viewed women as sexual objects. Kevin's ideas concerning money were also unrealistic as working in nightclubs would not produce an income for new motorcycles, nice houses, and world travel. By the fourth interview, Kevin's career goals had evolved to hopes of working in construction, or being a case-worker. His hopes for changing his behavior also grew, but his present behavior had not yet matched his future goals:

> Question: What do you think you'd like to do when you're older? What kind of job do you think you'd like to have?
> Kevin: Construction work on the side of the road and stuff. 'Cause, I know that you get paid lots of money for doing construction work. I'll probably be in construction, or be a case-worker.

Attempts at reflection. In the last two interviews, Kevin presented perhaps the most realistic view of his occupational future. However, Kevin still had some unrealistic perceptions about his past and current progress:

> Question: What do you think will change about you when you graduate from this place?
> Kevin: Well I can always think about when I was a little kid. I came here and I have made a lot of progress in my lifetime, and I had to ask the staff. And I have to go out and face the world and fix my problems. And do it on my own.

Kevin perceived himself as having made progress, which he did in school. However, he did not seem to be making great progress in terms of his relationships and capacity for self-reflection. The director related that Kevin was not ready to live on his own, even in a supervised independent living situation. Kevin had a great deal of progress to make, and he related a more realistic perception of his progress during the last interviews:

> Question: How have you been doing since I saw you last year?
> Kevin: I have made some improvement. The only goal I achieved was for school. All the other ones are extended still. Interacting with the peers here is one problem I am still having.

Standardized Instruments

At the beginning and at the end of the study, Kevin completed the YSR and the MESSY, and the group home director completed the CBCL. The scores from these instruments rated Kevin in the clinical ranges for both externalizing and internalizing emotional and behavioral difficulties, which indicated concerns with both his psychological and social identity development. Kevin's YSR, or self report, scores were actually more severe than the group home director's CBCL scores on many of the subscales. On the CBCL, the YSR, and the MESSY, scores between 60 and70 are in the borderline clinical ranges, and scores above 70 are considered to be in the clinical range for social, emotional, and behavioral concerns.

From the analysis of the subscales of the CBCL and YSR, Kevin's scores showed particular concerns with social, thought, and attention problems; and delinquent and aggressive behaviors. On the MESSY, Kevin's scores were high for inappropriate assertiveness, impulsivity, overconfidence, and jealousy. During this study, Kevin's interview information seemed to be consistent with the results of his standardized instruments. Kevin reported poor relationships with family and peers, difficulty expressing and understanding emotion, and he described mixed views of his potential future life. Kevin's scores on the instruments did improve in most areas from the beginning to the end of the study, but the majority of his scores were still within the borderline to clinical ranges (See Table 1).

Table 1. *Kevin's T-Scores on Standardized Instruments*

YSR Pre	YSR Post	CBCL Pre	CBCL Post	MESSY Pre	MESSY Post
Withdrawn T=57	Withdrawn T=55	Withdrawn T=55	Withdrawn T=53	Approp. Social Skills T=67	Approp. Social Skills T=60
Somatic Complaints T=76	Somatic Complaints T=65	Somatic Complaints T=53	Somatic Complaints T=50	Inapprop. Assertive T=71	Inapprop. Assertive T=65
Anxious/ Depressed T=70	Anxious/ Depressed T=65	Anxious/ Depressed T=69	Anxious/ Depressed T=62	Impulsive T=71	Impulsive T=63
Social Problems T=74	Social Problems T=67	Social Problems T=77	Social Problems T=70	Overconfident T=81	Overconfident T=73
Thought Problems T=75	Thought Problems T=64	Thought Problems T=70	Thought Problems T=65	Jealousy T=84	Jealousy T=80
Attention Problems T=79	Attention Problems T=70	Attention Problems T=81	Attention Problems T=75	Total T=63	Total T=60
Delinquent Behavior T=75	Delinquent Behavior T=70	Delinquent Behavior T=63	Delinquent Behavior T=60		
Aggressive Behavior T=75	Aggressive Behavior T=65	Aggressive Behavior T=63	Aggressive Behavior T=59		
Internalizing T=70	Internalizing T=63	Internalizing T=65	Internalizing T=60		
Externalizing T=77	Externalizing T=70	Externalizing T=64	Externalizing T=60		
Total T=80	Total T=70	Total T=70	Total T=65		

Note: All instruments were collected at the beginning of the study (Pre), and at the end of the study (Post). T scores from 60-69 represent borderline scores, and scores above 70 indicate scores in the clinical range.

Discussion

Throughout the study, Kevin appeared to be in a state of identity confusion. Kevin had difficulty establishing a firm identity from both a personal and a social perspective. Kevin reported experiencing many of the negative aspects of Erikson's (1950, 1968, 1982) crises such as early maltreatment, mistrust, loss, and current issues with control and decision making.

During this study, Kevin reported being abused by his father as a young boy, and that his father was now trying to convince Kevin that the abuse had not happened. Attempts to change children's perceptions of past events are common among cases of reported abuse (Cole & Putnam, 1992). The reporting victims may place the blame and guilt upon themselves, which may lead to destructive behaviors against others, property, or even themselves (Negrao, Bonanno, Noll, Putnam, & Trickett, 2005; Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003; Putnam, 2003; Shapiro & Dominiak, 1990).

Kevin, and the director of the group home, related that Kevin still fantasized about returning to his family of origin. This was also related by other participants in the larger study who had also been abused. According to Eagle (1993), adolescents who have experienced familial abuse may retain strong attachments to their family members despite past trauma. However, such attachments are often marked by poor interpersonal relationships with family members and others (Putnam, 2003; Eagle, 1993).

During this study, Kevin had a difficult time discussing situations where he had

experienced a great deal of mistrust in those who were supposed to care for him, especially his parents. His way of coping with this seemed to be to deny or repress some of his negative family history. Defense mechanisms, like denial and regression, have been found to be utilized at times by abused adolescents to protect them from experiencing certain emotions or memories (Bonanno, Noll, Putnam, O'Neill, & Trickett, 2003; Shapiro & Dominiak, 1990).

Another of the key concerns for Kevin was that he had a very difficult time establishing and maintaining relationships with peers his own age. He would rather try to be friends with adult staff members who tended to treat him better than his peers, which seems quite logical. However, more frequent visits by family members have been shown to lower major misconduct, immature defiance, abusive language, and childish social behavior with peers for boys in juvenile correction centers (Borgman, 1985). For Kevin, he had very few visits by family members, and he had very little modeling concerning how to learn to socialize with his peers.

Throughout the course of the study, Kevin related conflicting thoughts about living in an institution. On the one hand, he saw it as providing him with safety from the outside world, and perhaps from his peers inside the home. On the other hand, he experienced the limitations that the institution imposed regarding personal freedoms and the possibility for living outside of an institutional setting. As Berger and Luckmann (1966) described, “Institutions also control human conduct by setting up predefined patterns of conduct, which channel it in one direction as against the many other directions that would be theoretically possible” (p. 55).

Having a positive view of potential future outcomes was one of Erikson’s ideals for developing a healthy identity (1968). Kevin’s ideas about his future varied greatly during this 15 month study. Nurmi (1991) found that the family was the most important variable concerning making decisions for the future. In typical households, parents set standards and serve as role models in helping adolescents work toward future goals (Nurmi, 1991). However, Kevin had little interaction with his family, and his negative family interactions may have impacted Kevin’s development of further despair about his future possibilities (Webb, 1992).

Limitations

The obvious limitation of this study is that only one case is reported. However, there have only been 12 previous cases of males with 48, XYYY karyotype reported in the literature. The studies concerning the previous 12 cases presented mainly genetic and medical information about the participants. This study was conducted to try to provide a more in-depth phenomenological study of the participant’s perception of his social and emotional identity development.

Conclusions

During this 15 month study, information was gathered concerning Kevin’s identity development. It is unclear whether his genetic profile of 48, XYYY karyotype had an impact on his identity development. He did demonstrate some of the characteristics of previously recorded cases as he had difficulty in school, he was placed

into institutions, he was aggressive at times, and he had social and emotional difficulties. However, during this study, Kevin was respectful, and his care provider reported that Kevin typically only acted aggressively when other adolescents would provoke him.

Kevin's history of reported abuse, institutionalization, and his own poor decision making most likely had major impacts on his identity formation. So it is difficult to make any conclusions about what aspects of Kevin's identity development may have been impacted by his genetic makeup, his psychological development, or his environmental influences. Most likely, these three areas interacted to impact Kevin's identity development.

In all of the statistics concerning adolescents at-risk, Kevin is one of the many who have experienced tremendous trauma. This study was designed to gather a more in-depth picture of one such adolescent from his perspective. This case study can help practitioners better understand some of the psychological and social identity aspects that may be experienced by youth who have had similar experiences of maltreatment and institutionalization. The period of identity development from birth through adolescence can be filled with triumphs and struggles. Despite facing tremendous risks and struggles, Kevin was still hoping to make positive progress in his life.

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